



CONFINED SPACE DATA ENTRY FORM

NAME (i.e. Sanitary Manhole #34; P178): _____

LOCATION (i.e. 100 yd NW intersection of Pine & Road A1): _____

TYPE (check one):

<input type="checkbox"/> Beam/Experimental Enclosure	<input type="checkbox"/> Electrical Pit	<input type="checkbox"/> Sanitary Manhole
<input type="checkbox"/> Well	<input type="checkbox"/> Communications Pit	<input type="checkbox"/> Storm Water Manhole
<input type="checkbox"/> Tank	<input type="checkbox"/> Elevator Pit	<input type="checkbox"/> Lift Station (wet well)
<input type="checkbox"/> Vault	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Lift Station (dry well)
<input type="checkbox"/> Pump Pit	<input type="checkbox"/> Air Handler	<input type="checkbox"/> Other: _____

PERTINENT DIMENSIONS:

Access _____ ft X _____ ft or _____ ft diameter
Equipment Hatch _____ ft X _____ ft or _____ ft diameter
Depth _____ ft
Interior _____ ft X _____ ft or _____ ft diameter

HAZARDS (Check all that apply):

<input type="checkbox"/> Water	<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Poor illumination	<input type="checkbox"/> Toxic Chemicals	<input type="checkbox"/> Oxygen Deficiency
<input type="checkbox"/> Radiation/Contamination	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Electricity	<input type="checkbox"/> Fluids/Gases	<input type="checkbox"/> Other: _____

MISCELLANEOUS:

Inside a building:	Yes	No	If Yes, FIMS No: _____
Ladder Present?:	Yes	No	
Stairway Present?:	Yes	No	
Mechanical Ventilation Present?:	Yes	No	
Retrieval Device (Select one):	Tripod	Jib Hoist	Other: _____
	Truck-mounted hoist	Overhead Pulley	

NOTES (include unique aspects of space such as overhead hazards, terrain, etc.): _____

* Include diagram of location and picture of space on the back of this form and return completed form to Division/Section ES&H.